U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number 043 PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA RATE RATE FEE FEE FOR BASIC FEE OR (37 CFR 1.16(a)) **TOTAL CLAIMS** minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS x s minus 3 = x s OR (37 CFR 1.16(b)) (37 CFR 1.16(d)) OR MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) HIGHEST CLAIMS PRESENT ADDI. RATE ADDI-RATE NUMBER REMAINING -13-05 TIONAL **EXTRA** TIONAL ENT **PREVIOUSLY** AFTER PAID FOR FEE FEE AMENDMENT Total (37 CFR 1.16(c)) Minus ENDMI X \$ X \$ OR Independent (37 CFR 1.16(b)) Minus X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTA TOTAL OR ADO'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS PRESENT RATE ADDI-RATE ADDI-Θ NUMBER REMAINING **EXTRA** TIONAL TIONAL PREVIOUSLY AFTER FFF FEE PAID FOR AMENDMENT Total (37 CFR 1.16(c)) Minus ENDMI OR Independent (37 CFR 1.16(b)) Minus : x s OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS RATE ADDI-PRESENT RATE ADDI-O NUMBER REMAINING TIONAL **EXTRA** TIONAL PREVIOU\$LY ENT AFTFR FEE FEE PAID FOR AMENDMENT Minus Total ENDM x s X S OR (37 CFR 1,16(c)) Minus Independent (37 CFR 1.16(b)) x \$ OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

BEST WAILABLE														
	PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number OTHUUS				
	CLAIMS AS FILED - PART (Column 2)								SMALL ENTITY TYPE COP			OTHER THAN SMALL ENTITY		
F	OR		NUMBER FILED			NUMBER EXTRA			RATE	FEE	1	RATE	FEE	
В	ASIC FEE									380.00	OR		760.00	
T	OTAL CLAIMS		() minus 20			47			X\$ 9=		OR	X\$18=	946	
INDEPENDENT CLAIM			minus 3			. 8			X39=	1	OR	X78=	10824	
М	MULTIPLE DEPENDENT CLAIM PRESENT						ŀ	+130=		OR	+260=	<u> </u>		
	" If the difference in column 1 is less than zero, enter "0" in column						column 2	L	TOTAL	+	OR	TOTAL	283	
Y									IOIAL	·	JOH	OTHER		
1	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
ENTA		CL REM AF	AIMS AINING FTER IDMENT		PA	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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¥	Independent FIRST PRESI	-	16 NOEW	Minus	PEND	ENT CLAIM	-5		X39=		OR	X 8=	420	
\vdash	FIRST PRESI	ENIAIIC	ON OF MI	ULTIPLE DE	PENU	ENI COAM			+130=		OR	+260≕		
								Т-	TOTA		OR	TOTAL ADDIT. FEE		
L		(Coli	umn 1)		(C	olumn 2)	(Column 3)	_	JJ 111.1 C.	- -				
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									TÓTAI		OR	TOTAL ADDIT. FEE		
		(Colu	.mn 1)		(C	olumn 2)	(Column 3)	~	· · · · · · · · · · · · · · · · · · ·					
AMENDMENT C		CL REM. AF	AIMS AINING TER IOMENT		PR	HIGHEST NUMBER EVIOUSLY NAO FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	. 8	64	Minus	-	44	a .		X\$ 9=		ОН	X\$18=		
M	Independent	•		Minus	ese DEMIN	B	9		X39=		OR	X78=		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

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OR

+130=

★U.S. 6PO:1988-454-473/80301

+260=

OR ADDIT. FEE